

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE

460

Page 1 of 68

For Official Use Only

Statement covers period

from 05/18/2014

through 06/30/2014

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☒ Amendment (Explain below)

Update Summary Page & Schedule F

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1355660

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
V. Manuel Perez for Supervisor 2014

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95815</u>	<u>(916)285-5733</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS
(916) 333-1344 / info@deaneandcompany.com

Treasurer(s)

NAME OF TREASURER
V. Manuel Perez

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95815</u>	<u>(916) 285-5733</u>

NAME OF ASSISTANT TREASURER, IF ANY
Shawnda Deane

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95815</u>	<u>(916) 285-5733</u>

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/16/2014 By Shawnda Deane
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 09/16/2014 By V. Manuel Perez
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

V. Manuel Perez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Sought: County Supervisor

Riverside County

Riverside County

4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Sacramento

CA

95815

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

Manuel Perez for Assembly 2012 Officeholder Account

I.D. NUMBER

1354460

NAME OF TREASURER

V. Manuel Perez

CONTROLLED COMMITTEE?

☒ YES

☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY
Sacramento

STATE
CA

ZIP CODE
95815

AREA CODE/PHONE
916-285-5733

COMMITTEE NAME

Manuel Perez for City Council 2014

I.D. NUMBER

1370061

NAME OF TREASURER

Gladys Perez

CONTROLLED COMMITTEE?

☒ YES

☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY
Coachella

STATE
CA

ZIP CODE
92236

AREA CODE/PHONE
(760) 600-3482

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	05/18/2014	
through	06/30/2014	Page 3 of 68
I.D. NUMBER 1355660		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

V. Manuel Perez for Supervisor 2014

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$115,481.98	\$269,184.44
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$115,481.98	\$269,184.44
4. Nonmonetary Contributions	Schedule C, Line 3	\$0.00	\$7,500.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$115,481.98	\$276,684.44

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$263,281.64	\$554,831.57
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$263,281.64	\$554,831.57
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	(\$40,845.70)	\$13,855.44
10. Nonmonetary Adjustment	Schedule C, Line 3	\$0.00	\$7,500.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$222,435.94	\$576,187.01

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$161,973.53	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$115,481.98	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$2.04	
15. Cash Payments	Column A, Line 8 above	\$263,281.64	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$14,175.91	
If this is a termination statement, Line 16 must be zero.			
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$0.00	

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$13,855.44

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from 05/18/2014		
through 06/30/2014		Page 4 of 68
		I.D. Number 1355660

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

V. Manuel Perez for Supervisor 2014

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/2/2014	Administrative Services Cooperative, Inc. Gardena, CA 90249	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
5/30/2014	American Cab Thousand Palms, CA 92262	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
6/13/2014	Anheuser Busch Companies Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	
5/28/2014	Oscar G. Armijo Palm Desert, CA 92211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oscar G. Armijo Certified Public Accountant	\$250.00	\$250.00	
6/17/2014	Beacon Property Management, LLC Lakewood, NJ 08701	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.) \$113,967.99

2. Amount received this period - unitemized contributions of less than \$100 \$1,513.99

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL** \$115,481.98

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>05/18/2014</u>		CALIFORNIA FORM 460
through <u>06/30/2014</u>		
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

V. Manuel Perez for Supervisor 2014

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/19/2014	Megan Beaman La Quinta, CA 92253	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Megan Beaman Attorney	\$300.00	\$550.00	
5/28/2014	Gale A. Broeker Palm Desert, CA 92260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$50.00	\$175.00	
5/28/2014	Gale A. Broeker Palm Desert, CA 92260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$175.00	
6/3/2014	Carlos Campos Indian Wells, CA 92210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Best Best & Krieger, LLP Attorney	\$500.00	\$500.00	
5/31/2014	Nachhattar Singh Chandi La Quinta, CA 92253	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Chandi Group USA Business Owner	\$3,000.00	\$3,000.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 05/18/2014		
through 06/30/2014		Page 6 of 68
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NAME OF FILER

V. Manuel Perez for Supervisor 2014

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5/28/2014	Arthur S. Copleston Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$50.00	\$1,050.00	
5/28/2014	Carla Jo Cravens Desert Hot Springs, CA 92240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$200.00	\$200.00	
5/28/2014	Fred Deharo La Quinta, CA 92253-3856	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Borrego Community Health Foundation Administrator	\$100.00	\$100.00	
5/28/2014	Democratic Women of the Desert Sacramento, CA 95815 Committee ID: 1278348	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,500.00	
6/27/2014	Democratic Women of the Desert Sacramento, CA 95815 Committee ID: 1278348	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,500.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period from <u>05/18/2014</u> through <u>06/30/2014</u>		CALIFORNIA FORM 460
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NAME OF FILER V. Manuel Perez for Supervisor 2014		I.D. Number 1355660

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/20/2014	Democrats of the Desert Cathedral City, CA 92234 Committee ID: 870135	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
5/20/2014	Desert Stonewall Democrats Palm Springs, CA 92262 Committee ID: 1220539	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$250.00	\$250.00	
5/29/2014	First Solar Dev, Inc. Oakland, CA 94607	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
5/28/2014	Five Star Gym & Fitness Club, LLC Desert Hot Springs, CA 92240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
6/30/2014	Frederick W. Noble, and affiliated entities Palm Springs, CA 92262	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$13,668.00	\$21,168.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	05/18/2014	
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NAME OF FILER V. Manuel Perez for Supervisor 2014		I.D. Number 1355660

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/28/2014	Global Investment & Development, LLC Los Angeles, CA 90010	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
6/17/2014	Carlos Gonzales Indio, CA 92201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Carlos Gonzales Campaign Manager	\$25.00	\$100.00	
5/28/2014	Jason P. Hernandez Coachella, CA 92236-2948	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Imperial Irrigation District District Estimator	\$100.00	\$100.00	
5/28/2014	Jeanne B. Hirshfield Rancho Mirage, CA 92270	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	
5/28/2014	Anita W. Hoag Rancho Mirage, CA 92270	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>05/18/2014</u>		CALIFORNIA FORM 460
through <u>06/30/2014</u>		
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NAME OF FILER

V. Manuel Perez for Supervisor 2014

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/26/2014	IBEW PAC Educational Fund Washington, DC 20001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
5/28/2014	Joe Mc Kee for City Council Desert Hot Springs Nov. 2013 Desert Hot Springs, CA 92240 Committee ID: 1355689	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
5/28/2014	Tim K. Johnson Palm Desert, CA 92260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$300.00	\$400.00	
5/28/2014	Karalee Hargrove for 42nd Assembly 2014 Twentynine Palms, CA 92277 Committee ID: 1360283	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	
5/24/2014	Jennie Kelly Mecca, CA 92254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$500.00	\$500.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>05/18/2014</u>		CALIFORNIA FORM 460
through <u>06/30/2014</u>		
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NAME OF FILER V. Manuel Perez for Supervisor 2014		I.D. Number 1355660

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/28/2014	Carole Krechman Rancho Mirage, CA 92270	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	
5/28/2014	Laborers International Union of North America, Laborers Local 652 PAC Santa Ana, CA 92701 Committee ID: 1251912	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,000.00	\$4,000.00	
5/20/2014	Laborers Local Union No. 783 PAC San Bernardino, CA 92408 Committee ID: 981333	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
5/28/2014	Rosanne Elliott Levin Palm Desert, CA 92211-1598	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$200.00	\$300.00	
5/28/2014	Rosanne Elliott Levin Palm Desert, CA 92211-1598	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$300.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	05/18/2014	
through	06/30/2014	Page 11 of 68
NAME OF FILER V. Manuel Perez for Supervisor 2014		I.D. Number 1355660

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/28/2014	Richard E. Levine La Quinta, CA 92253	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$200.00	
5/29/2014	Local Union 440 International Brotherhood of Electrical Workers PAC Riverside, CA 92507 Committee ID: 1302490	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	
6/2/2014	Edward T. Manley Las Vegas, NV 89120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	New West Advisors Technical Recruiter	\$1,000.00	\$1,000.00	
5/28/2014	Maxine Marcelin Indio, CA 92201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$50.00	\$100.00	
5/28/2014	Charles A. McDaniel Desert Hot Springs, CA 92240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IBEW Local Union 440 Organizer	\$150.00	\$165.00	

SUBTOTAL

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>05/18/2014</u>		CALIFORNIA FORM 460
through <u>06/30/2014</u>		
		Page <u>12</u> of <u>68</u>
NAME OF FILER V. Manuel Perez for Supervisor 2014		I.D. Number 1355660

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/28/2014	Joseph Glen McKee Desert Hot Springs, CA 92240-3716	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	
5/28/2014	Mischief Palm Springs, CA 92262	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
5/28/2014	Robert Moon Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	
5/29/2014	Nazarian for Assembly 2014 Covina, CA 91722 Committee ID: 1354458	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
5/20/2014	NextEra Energy Resources, LLC Juno Beach, FL 33408	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
SUBTOTAL						

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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	05/18/2014	
through	06/30/2014	Page 13 of 68
NAME OF FILER V. Manuel Perez for Supervisor 2014		I.D. Number 1355660

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/20/2014	Pechanga Band of Luiseno Indians Temecula, CA 92593	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50,000.00	\$60,000.00	
5/27/2014	Pechanga Band of Luiseno Indians Temecula, CA 92593	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$60,000.00	
5/30/2014	Phil Ting for Assembly 2014 Oakland, CA 94618 Committee ID: 1353778	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
5/28/2014	Frank J. Quevedo Palm Desert, CA 92255	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$500.00	\$500.00	
5/28/2014	Dessa Byrd Reed Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dessa Byrd Reed Author/Speaker	\$100.00	\$100.00	

SUBTOTAL

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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	05/18/2014	
through	06/30/2014	Page 14 of 68
I.D. Number		1355660

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

V. Manuel Perez for Supervisor 2014

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/28/2014	Pedro T. Rincon La Quinta, CA 92253	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pedro T. Rincon Certified Public Accountant	\$500.00	\$500.00	
6/2/2014	Rincon Band of Luiseno Mission Indians of the Rincon Reservation, California Valley Center, CA 92082	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,400.00	\$3,400.00	
5/20/2014	Riverside County Democratic Central Committee Corona, CA 92879 Committee ID: 1342861	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$300.00	\$300.00	
5/27/2014	Jay Rodriguez Palm Desert, CA 92211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$500.00	\$500.00	
5/28/2014	Ernesto Rosales Coachella, CA 92236	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Forest Lawn Manager	\$100.00	\$100.00	
SUBTOTAL						

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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>05/18/2014</u> through <u>06/30/2014</u>		CALIFORNIA FORM 460
Page <u>15</u> of <u>68</u>		
NAME OF FILER V. Manuel Perez for Supervisor 2014		I.D. Number 1355660

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/18/2014	Charlie Sharffer Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Eisenhower Desert Cardiology Physician	\$500.00	\$500.00	
5/28/2014	Cathy A. Starnes La Quinta, CA 92253	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$99.99	\$199.99	
5/28/2014	Jessie L. Stoddart Palm Desert, CA 92211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$250.00	\$550.00	
5/28/2014	Jessie L. Stoddart Palm Desert, CA 92211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$550.00	
5/29/2014	Dominick Summa, Jr. Indio, CA 92203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	
SUBTOTAL						

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(other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	05/18/2014	
through	06/30/2014	Page 16 of 68
NAME OF FILER V. Manuel Perez for Supervisor 2014		I.D. Number 1355660

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/23/2014	David Vogel Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$500.00	\$500.00	
5/28/2014	Michael Francis Walsh Indio, CA 92201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coachella Valley Housing Coalition Project Manager	\$300.00	\$300.00	
5/28/2014	Richard J. Weingard Palm Springs, CA 92264-9646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Promotivations LTD Sales Marketing	\$150.00	\$300.00	
5/28/2014	Young's Market Company Tustin, CA 92780	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$113,967.99

*Contributor Codes
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(other than PTY or SCC)
OTH - Other
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Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 05/18/2014
through 06/30/2014

CALIFORNIA FORM 460
Page 17 of 68

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

V. Manuel Perez for Supervisor 2014

I.D. NUMBER

1355660

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		RATE %		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		RATE %		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		RATE %		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____

(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____

Enter the net here and on the Summary Page, Column A, Line 2.

(may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>05/18/2014</u> through <u>06/30/2014</u>	CALIFORNIA FORM 460
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I.D. Number 1355660	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
V. Manuel Perez for Supervisor 2014

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>05/18/2014</u> through <u>06/30/2014</u>	CALIFORNIA FORM 460
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I.D. Number 1355660	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
V. Manuel Perez for Supervisor 2014

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
 IND - Individual
 COM- Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other

Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		SCHEDULE D	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
V. Manuel Perez for Supervisor 2014

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)
- Unitemized contributions and independent expenditures made this period of under \$100
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL**

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 05/18/2014 through 06/30/2014		CALIFORNIA FORM 460 Page 21 of 68
I.D. NUMBER 1355660		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
V. Manuel Perez for Supervisor 2014

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Raul Perez, Jr. Coachella, CA 92236	SAL			\$206.64
Reyna Guerrero Mecca, CA 92254	SAL			\$206.64
Ricardo Flores Coachella, CA 92236	SAL			\$265.96

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$263,281.64
2. Unitemized payments made this period of under \$100.	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$263,281.64

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 05/18/2014		
through 06/30/2014		Page 22 of 68
NAME OF FILER V. Manuel Perez for Supervisor 2014		I.D. NUMBER 1355660

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
V. Manuel Perez for Supervisor 2014

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ruth Espino Maya Cathedral City, CA 92234	SAL			\$221.64
Yvette Cabusora Coachella, CA 92236	SAL			\$277.05
Deane & Company Sacramento, CA 95815	PRO			\$148.16
Card Service Center Dallas, TX 75356			Credit Card Payment	\$1,253.45
Verizon Dallas, TX 75392	OFC			\$251.36

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 05/18/2014		
through 06/30/2014		Page 23 of 68
NAME OF FILER V. Manuel Perez for Supervisor 2014		I.D. NUMBER 1355660

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
V. Manuel Perez for Supervisor 2014

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Card Service Center Dallas, TX 75356			Credit Card Payment	\$39.76
Imperial Irrigation District (IID) Imperial, CA 92251-0937	OFC			\$837.66
Rally San Francisco, CA 94105	OFC			\$1.43
Insource Print and Design, Inc. Sacramento, CA 95811	LIT			\$4,874.07
David Pruitt Consulting, LLC Sacramento, CA 95814	FND			\$3,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
V. Manuel Perez for Supervisor 2014

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
JPM & M, Inc. Sacramento, CA 95814	POS			\$11,362.90
JPM & M, Inc. Sacramento, CA 95814	POS			\$10,370.70
JPM & M, Inc. Sacramento, CA 95814	POS			\$6,358.20
Deane & Company Sacramento, CA 95815	PRO			\$1,653.39
Sadler Strategic Media, Inc. Studio City, CA 91604	TEL			\$42,500.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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V. Manuel Perez for Supervisor 2014

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Card Service Center Dallas, TX 75356		Credit Card Payment	\$2,384.19
Insource Print and Design, Inc. Sacramento, CA 95811	LIT		\$2,541.00
Insource Print and Design, Inc. Sacramento, CA 95811	LIT		\$1,195.50
Insource Print and Design, Inc. Sacramento, CA 95811	LIT		\$746.75
JPM & M, Inc. Sacramento, CA 95814	LIT		\$11,318.72

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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NAME OF FILER
V. Manuel Perez for Supervisor 2014

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
JPM & M, Inc. Sacramento, CA 95814	LIT			\$7,741.02
JPM & M, Inc. Sacramento, CA 95814	POS			\$6,679.88
JPM & M, Inc. Sacramento, CA 95814	POS			\$5,366.07
Insource Print and Design, Inc. Sacramento, CA 95811	CMP			\$10,221.60
JPM & M, Inc. Sacramento, CA 95814	LIT			\$10,813.15

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
V. Manuel Perez for Supervisor 2014

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sadler Strategic Media, Inc. Studio City, CA 91604	TEL			\$5,000.00
Rally San Francisco, CA 94105	OFC			\$46.00
Captiol Area Development Authority (CADA) Sacramento, CA 95814	FND			\$491.00
JPM & M, Inc. Sacramento, CA 95814	CNS			\$5,000.00
JPM & M, Inc. Sacramento, CA 95814	LIT			\$500.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
V. Manuel Perez for Supervisor 2014

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
JPM & M, Inc. Sacramento, CA 95814	LIT			\$6,750.00
JPM & M, Inc. Sacramento, CA 95814	LIT			\$17,678.57
Kuna-FM Thousand Palms, CA 92276	RAD			\$1,318.00
RALLY Campaigns Beverly Hills, CA 90210	TEL			\$9,500.00
Carlos Gonzalez Indio, CA 92201	OFC			\$1,370.71

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER V. Manuel Perez for Supervisor 2014		I.D. NUMBER 1355660

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NAME OF FILER

V. Manuel Perez for Supervisor 2014

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CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Deane & Company Sacramento, CA 95815	PRO			\$382.00
Paypal, Inc. San Jose, CA 95131	OFC			\$3.40
Card Service Center Dallas, TX 75356			Credit Card Payment	\$1,906.62
Card Service Center Dallas, TX 75356			Credit Card Payment	\$113.04
Rally San Francisco, CA 94105	OFC			\$63.24

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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NAME OF FILER
V. Manuel Perez for Supervisor 2014

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Paypal, Inc. San Jose, CA 95131	OFC			\$1.85
United States Treasury Washington, DC 20220	SAL			\$296.24
United States Treasury Washington, DC 20220	SAL			\$75.00
Employment Development Department (EDD) Sacramento, CA 95814	SAL			\$18.17
Yosmin G. Nunez Coachella, CA 92236	SAL			\$1,031.21

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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NAME OF FILER
V. Manuel Perez for Supervisor 2014

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
JPM & M, Inc. Sacramento, CA 95814	LIT			\$18,595.83
Paypal, Inc. San Jose, CA 95131	OFC			\$45.10
United States Treasury Washington, DC 20220	SAL			\$5,010.24
United States Treasury Washington, DC 20220	SAL			\$1,405.56
Employment Development Department (EDD) Sacramento, CA 95814	SAL			\$156.24

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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V. Manuel Perez for Supervisor 2014

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Adonis Galarza Thermal, CA 92274	SAL			\$573.12
Agustin Arreola Thermal, CA 92274	SAL			\$542.86
Alyssa B. Ruiz Indio, CA 92201	SAL			\$678.12
Ana R. Rosales Indio, CA 92201	SAL			\$716.20
Bianca Flores Coachella, CA 92236	SAL			\$648.28

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Brenda Ramirez Coachella, CA 92236	SAL			\$789.61
Carmen A. Perez Indio, CA 92201	SAL			\$750.27
Diana C. Aguilar Coachella, CA 92236	SAL			\$507.92
Elva Gonzalez Mecca, CA 92254	SAL			\$898.50
Erica Y. Archuleta Indio, CA 92201	SAL			\$692.62

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Eunice R. Medina Coachella, CA 92236	SAL			\$760.43
Evelyn Ramirez Coachella, CA 92236	SAL			\$796.40
Irma Mondragon Indio, CA 92201	SAL			\$767.21
Jamie Gonzalez Indio, CA 92201	SAL			\$701.38
Josie Viramontes North Shore, CA 92254	SAL			\$138.52

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Schedule E (Continuation Sheet) Payments Made

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V. Manuel Perez for Supervisor 2014

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Julio C. Mendez Coachella, CA 92236	SAL			\$611.20
Karla A. Lorenzana Indio, CA 92201	SAL			\$138.52
Laura E. Urias-Vasquez Mecca, CA 92254	SAL			\$633.24
Maria E. Beltran Coachella, CA 92236	SAL			\$913.99
Maria G. Zamora Mecca, CA 92254	SAL			\$750.27

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NAME OF FILER

V. Manuel Perez for Supervisor 2014

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CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mario Mota Cathedral City, CA 92234	SAL			\$526.39
Migdalia A. Olvera Mecca, CA 92254	SAL			\$840.85
Natalie Garcia Cathedral City, CA 92234	SAL			\$618.75
Neyva Aguilar La Quinta, CA 92253	SAL			\$610.99
Oscar Guerrero Coachella, CA 92236	SAL			\$707.98

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Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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through 06/30/2014		Page 37 of 68
NAME OF FILER V. Manuel Perez for Supervisor 2014		I.D. NUMBER 1355660

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Raul Perez, Jr. Coachella, CA 92236	SAL			\$701.38
Reyna Guerrero Mecca, CA 92254	SAL			\$648.27
Ricardo Flores Coachella, CA 92236	SAL			\$889.59
Ruth Espino Maya Cathedral City, CA 92234	SAL			\$600.28
Yvette Cabusora Coachella, CA 92236	SAL			\$898.50

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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through 06/30/2014		Page 38 of 68
NAME OF FILER V. Manuel Perez for Supervisor 2014		I.D. NUMBER 1355660

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NAME OF FILER
V. Manuel Perez for Supervisor 2014

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Verizon Dallas, TX 75392	OFC			\$251.36
Deane & Company Sacramento, CA 95815	PRO			\$480.52
Card Service Center Dallas, TX 75356			Credit Card Payment	\$1,809.70
Deaztlan Consulting, LLC Indio, CA 92203	CNS			\$2,500.00
Deaztlan Consulting, LLC Indio, CA 92203	PHO			\$700.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER V. Manuel Perez for Supervisor 2014		I.D. NUMBER 1355660

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V. Manuel Perez for Supervisor 2014

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Deane & Company Sacramento, CA 95815	PRO			\$2,114.77
Martha Rocha Coachella, CA 92236	OFC			\$199.41
Yosmin G. Nunez Coachella, CA 92236	TRS			\$82.55
Yosmin G. Nunez Coachella, CA 92236	OFC			\$33.62
Yosmin G. Nunez Coachella, CA 92236	OFC			\$438.22

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER V. Manuel Perez for Supervisor 2014		I.D. NUMBER 1355660

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V. Manuel Perez for Supervisor 2014

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Yosmin G. Nunez Coachella, CA 92236	POS			\$19.60
Carlos Gonzalez Indio, CA 92201	CNS			\$5,000.00
Rally San Francisco, CA 94105	OFC			\$90.56
Rally San Francisco, CA 94105	OFC			\$28.75
United States Treasury Washington, DC 20220	SAL			\$296.26

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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Statement covers period		CALIFORNIA FORM 460
from	05/18/2014	
through 06/30/2014		Page 41 of 68
NAME OF FILER V. Manuel Perez for Supervisor 2014		I.D. NUMBER 1355660

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NAME OF FILER

V. Manuel Perez for Supervisor 2014

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Treasury Washington, DC 20220	SAL			\$75.00
Employment Development Department (EDD) Sacramento, CA 95814	SAL			\$18.17
Yosmin G. Nunez Coachella, CA 92236	SAL			\$1,031.20
Deane & Company Sacramento, CA 95815	PRO			\$77.48
Jacqueline Lopez Indio, CA 92201	OFC			\$105.82

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER V. Manuel Perez for Supervisor 2014		I.D. NUMBER 1355660

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V. Manuel Perez for Supervisor 2014

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Christus Family Limited Partnership Westlake Village, CA 91362	OFC			\$1,700.00
United States Treasury Washington, DC 20220	SAL			\$1,194.70
United States Treasury Washington, DC 20220	SAL			\$409.68
Adonis Galarza Thermal, CA 92274	SAL			\$206.64
Agustin Arreola Thermal, CA 92274	SAL			\$221.64

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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NAME OF FILER
V. Manuel Perez for Supervisor 2014

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Alyssa B. Ruiz Indio, CA 92201	SAL			\$221.64
Ana R. Rosales Indio, CA 92201	SAL			\$221.64
Bianca Flores Coachella, CA 92236	SAL			\$206.64
Brenda Ramirez Coachella, CA 92236	SAL			\$206.64
Carmen A. Perez Indio, CA 92201	SAL			\$221.64

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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NAME OF FILER V. Manuel Perez for Supervisor 2014		I.D. NUMBER 1355660

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NAME OF FILER

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Diana C. Aguilar Coachella, CA 92236	SAL			\$221.64
Elva Gonzalez Mecca, CA 92254	SAL			\$221.64
Erica Y. Archuleta Indio, CA 92201	SAL			\$221.64
Eunice R. Medina Coachella, CA 92236	SAL			\$206.64
Evelyn Ramirez Coachella, CA 92236	SAL			\$206.64

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Schedule E (Continuation Sheet) Payments Made

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Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER V. Manuel Perez for Supervisor 2014		I.D. NUMBER 1355660

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Irma Mondragon Indio, CA 92201	SAL			\$221.64
Jamie Gonzalez Indio, CA 92201	SAL			\$206.64
Julio C. Mendez Coachella, CA 92236	SAL			\$206.64
Laura E. Urias-Vasquez Mecca, CA 92254	SAL			\$206.64
Maria E. Beltran Coachella, CA 92236	SAL			\$221.64

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER V. Manuel Perez for Supervisor 2014		I.D. NUMBER 1355660

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Maria G. Zamora Mecca, CA 92254	SAL			\$221.64
Mario Mota Cathedral City, CA 92234	SAL			\$221.64
Migdalia A. Olvera Mecca, CA 92254	SAL			\$221.64
Natalie Garcia Cathedral City, CA 92234	SAL			\$221.64
Neyva Aguilar La Quinta, CA 92253	SAL			\$221.64

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

V. Manuel Perez for Supervisor 2014

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Statement covers period		CALIFORNIA FORM 460
from	05/18/2014	
through 06/30/2014		Page 47 of 68
		I.D. NUMBER 1355660

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Oscar Guerrero Coachella, CA 92236	SAL			\$221.64

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SUBTOTAL \$263,281.64

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 05/18/2014
through 06/30/2014

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NAME OF FILER
V. Manuel Perez for Supervisor 2014

I.D. NUMBER
1355660

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Lulu California Bistro Palm Springs, CA 92262	FND 5/18/14, Fundraising Event, 20, including candidate	\$0.00	\$2,000.00	\$0.00	\$2,000.00
Nossaman, LLP Los Angeles, CA 90017	PRO	\$0.00	\$340.00	\$0.00	\$340.00
Political Data, Inc. Norwalk, CA 90652	OFC	\$0.00	\$60.00	\$0.00	\$60.00

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SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$12,937.44
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$53,783.14
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$40,845.70)
May be a negative number.

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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Statement covers period
from 05/18/2014
through 06/30/2014

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NAME OF FILER
V. Manuel Perez for Supervisor 2014

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
SpanishOne Translations Sacramento, CA 95814	TEL	\$0.00	\$848.00	\$0.00	\$848.00
State Compensation Insurance Fund Pleasanton, CA 94588	OFC	\$0.00	\$7.44	\$0.00	\$7.44
Nossaman, LLP Los Angeles, CA 90017	PRO	\$918.00	\$0.00	\$0.00	\$918.00
Deaztlan Consulting, LLC Indio, CA 92203	OFC	\$0.00	\$355.00	\$0.00	\$355.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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SCHEDULE F (CONT.)

Statement covers period
from 05/18/2014
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NAME OF FILER
V. Manuel Perez for Supervisor 2014

I.D. NUMBER
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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Carlos Gonzalez Indio, CA 92201	CNS	\$0.00	\$4,000.00	\$0.00	\$4,000.00
JPM & M, Inc. Sacramento, CA 95814	CNS	\$0.00	\$5,000.00	\$0.00	\$5,000.00
Promotivators, LTD Palm Springs, CA 92264	CMP	\$0.00	\$327.00	\$0.00	\$327.00
Deane & Company Sacramento, CA 95815	PRO	\$1,653.39	\$0.00	\$1,653.39	\$0.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 05/18/2014
through 06/30/2014

**CALIFORNIA
FORM 460**

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NAME OF FILER
V. Manuel Perez for Supervisor 2014

I.D. NUMBER
1355660

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Card Service Center Dallas, TX 75356	Credit Card Payment	\$1,906.62	\$0.00	\$1,906.62	\$0.00
Card Service Center Dallas, TX 75356	Credit Card Payment	\$2,384.19	\$0.00	\$2,384.19	\$0.00
JPM & M, Inc. Sacramento, CA 95814	LIT	\$7,741.02	\$0.00	\$7,741.02	\$0.00
JPM & M, Inc. Sacramento, CA 95814	LIT	\$11,318.72	\$0.00	\$11,318.72	\$0.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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Statement covers period
from 05/18/2014
through 06/30/2014

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FORM 460**

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NAME OF FILER
V. Manuel Perez for Supervisor 2014

I.D. NUMBER
1355660

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Insource Print and Design, Inc. Sacramento, CA 95811	LIT	\$2,541.00	\$0.00	\$2,541.00	\$0.00
Insource Print and Design, Inc. Sacramento, CA 95811	LIT	\$1,195.50	\$0.00	\$1,195.50	\$0.00
Insource Print and Design, Inc. Sacramento, CA 95811	LIT	\$746.75	\$0.00	\$746.75	\$0.00
JPM & M, Inc. Sacramento, CA 95814	CNS	\$5,000.00	\$0.00	\$5,000.00	\$0.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
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to whole dollars.

Statement covers period
from 05/18/2014
through 06/30/2014

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FORM 460**

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NAME OF FILER
V. Manuel Perez for Supervisor 2014

I.D. NUMBER
1355660

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
JPM & M, Inc. Sacramento, CA 95814	LIT	\$500.00	\$0.00	\$500.00	\$0.00
JPM & M, Inc. Sacramento, CA 95814	POS	\$6,679.88	\$0.00	\$6,679.88	\$0.00
JPM & M, Inc. Sacramento, CA 95814	POS	\$5,366.07	\$0.00	\$5,366.07	\$0.00
JPM & M, Inc. Sacramento, CA 95814	LIT	\$6,750.00	\$0.00	\$6,750.00	\$0.00
SUBTOTALS		\$54,701.14	\$12,937.44	\$53,783.14	\$13,855.44

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
V. Manuel Perez for Supervisor 2014

I.D. NUMBER
1355660

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Card Service Center

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cafe Bernardo Sacramento, CA 95814	MTG		Appetizers Only	\$280.64
Circle K Corona, CA 92879	TRC			\$88.08
Tack Room Tavern Indio, CA 92201	MTG		5/20/14, Campaign Meeting, 4, including candidate	\$140.96
Southwest Airlines Dallas, TX 75235	TRC		5/19/14, Airfare, Ontario, Campaign Meeting, 1, candidate	\$222.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$731.68

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
V. Manuel Perez for Supervisor 2014

I.D. NUMBER
1355660

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Card Service Center

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Smart & Final La Quinta, CA 92253	OFC			\$275.00
Smart & Final La Quinta, CA 92253	OFC			\$129.11
Shell Oil Palm Springs, CA 92262	TRC			\$64.61
Shell Oil Palm Springs, CA 92262	TRC			\$68.75

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$537.47

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
V. Manuel Perez for Supervisor 2014

I.D. NUMBER
1355660

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Card Service Center

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Safeway Sacramento, CA 95814	OFC			\$512.80
Round Table Pizza Indio, CA 92201	OFC		6/2/14, Food for Volunteers, 10, including candidate	\$258.79
Riverside Clubhouse Sacramento, CA 95818	MTG		6/9/14, Campaign Staff Meeting, 4	\$116.79
Pizza Rock Sacramento, CA 95814	OFC		6/19/14, Food for Volunteers, 5, including candidate	\$189.76

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1078.14

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
V. Manuel Perez for Supervisor 2014

I.D. NUMBER
1355660

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Card Service Center

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Paypal, Inc. San Jose, CA 95131	WEB			\$30.00
Las Chabelas Restaurant Brawley, CA 92227	MTG	6/7/14, Thank You Gathering for Supporters		\$143.50
Huerta's Restaurant Indio, CA 92201	OFC	5/31/14, Food for Volunteers		\$467.16
Food 4 Less Coachella, CA 92236	OFC			\$74.82

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$715.48

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
V. Manuel Perez for Supervisor 2014

I.D. NUMBER
1355660

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Card Service Center

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Food 4 Less Coachella, CA 92236	OFC			\$62.70
Facebook, Inc. Menlo Park, CA 94025	WEB			\$220.00
Contactology, Inc. Durham, NC 27701	WEB	Credit		(\$101.61)
Contactology, Inc. Durham, NC 27701	WEB	Credit		(\$87.10)

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$93.99

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
V. Manuel Perez for Supervisor 2014

I.D. NUMBER
1355660

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Card Service Center

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Contactology, Inc. Durham, NC 27701	WEB	Credit		(\$87.10)
Contactology, Inc. Durham, NC 27701	WEB	Credit		(\$101.61)
Constant Contact Waltham, MA 02451	WEB			\$50.00
Constant Contact Waltham, MA 02451	WEB			\$50.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$-88.71

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
V. Manuel Perez for Supervisor 2014

I.D. NUMBER
1355660

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Insource Print and Design, Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cross & Oberlie Neenah, WI 54956	CMP			\$5,090.63
Continental Colorcraft Monterey Park, CA 91754	CMP			\$4,921.60
Continental Colorcraft Monterey Park, CA 91754	LIT			\$3,843.10

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$13855.33

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME OF FILER
V. Manuel Perez for Supervisor 2014

I.D. NUMBER
1355660

NAME OF AGENT OR INDEPENDENT CONTRACTOR
JPM & M, Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Insource Print and Design, Inc. Sacramento, CA 95811	LIT			\$7,424.00
U.S. Postmaster Sacramento, CA 95813	POS			\$11,362.90
Insource Print and Design, Inc. Sacramento, CA 95811	LIT			\$12,906.50
Insource Print and Design, Inc. Sacramento, CA 95811	LIT			\$15,387.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$47080.90

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
V. Manuel Perez for Supervisor 2014

I.D. NUMBER
1355660

NAME OF AGENT OR INDEPENDENT CONTRACTOR
JPM & M, Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postmaster Sacramento, CA 95813	POS			\$6,358.20
U.S. Postmaster Sacramento, CA 95813	POS			\$10,370.70

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$16728.90

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Schedule G

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SCHEDULE G

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1355660

NAME OF AGENT OR INDEPENDENT CONTRACTOR
RALLY Campaigns

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Smooth Motion Films USA, Inc. Los Angeles, CA 90028	TEL			\$8,500.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$8500.00

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Schedule G

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NAME OF AGENT OR INDEPENDENT CONTRACTOR
Sadler Strategic Media, Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
RALLY Campaigns Beverly Hills, CA 90210	TEL			\$4,750.00
KDFX-TV Palm Desert, CA 92211	TEL			\$709.75
KDFX-TV Palm Desert, CA 92211	TEL			\$1,559.75
KESQ-TV Palm Desert, CA 92211	TEL			\$3,298.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$10317.50

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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NAME OF AGENT OR INDEPENDENT CONTRACTOR
Sadler Strategic Media, Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KESQ-TV Palm Desert, CA 92211	TEL			\$7,464.70
KMIR-TV Palm Desert, CA 92260	TEL			\$2,454.80
KMIR-TV Palm Desert, CA 92260	TEL			\$4,085.10
KUNA-TV Palm Desert, CA 92211	TEL			\$824.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$14829.10

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME OF AGENT OR INDEPENDENT CONTRACTOR
Sadler Strategic Media, Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KVER-TV Palm Desert, CA 92260	TEL			\$3,421.25
Time Warner Cable Charlotte, NC 28217	TEL			\$1,008.01
NESQ-TV Palm Desert, CA 92211	TEL			\$8,760.10
NESQ-TV Palm Desert, CA 92211	TEL			\$6,777.05

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$19966.41

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FPPC Form 460 (June/01)
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Schedule H – Loans Made to Others*

Type or print in ink.
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SCHEDULE H

Statement covers period

from 05/18/2014

through 06/30/2014

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FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

** If Required

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.)
(Enter the net here and on the Summary Page, Column A, Line 7.)

NET
(May be a negative number)

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
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SCHEDULE I

Statement covers period
from 05/18/2014
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V. Manuel Perez for Supervisor 2014

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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$0.00

Schedule I Summary

- Increases to cash of \$100 or more this period..... \$0.00
- Unitemized increases to cash under \$100 this period..... \$2.04
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$0.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$2.04

FPPC Form 460 (June/01)
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